PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 10692632												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER TH				
TO	OTAL CLAIMS		41	41				RATE	FEE	7	RATE	FEE
FC)R		NUMBER FILED		NUMBER EXTRA			BASIC FI	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	43 minus 20=		• 43		1	X\$ 9=		OR	X\$18=	414
INDEPENDENT CLAIMS			(minus 3 =		•			X43=			X86≃	1.7
MULTIPLE DEPENDENT CLAIM PRESENT						40			 	OR		
* If the difference in column 1 is less than zero, enter *0° in column 2							•	+145=		ОЯ	+290=	290
								TOTAL		OR	TOTAL	14.74
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
ENT A	12/16/04	CLAIMS PREMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA	RATE	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	• 43	Minus	4	3	= /		X\$ 9=		OR	X\$18=	
	Independent				3_	-/		X43=		OR	X86=	
Ц	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
	4-21-05						L	TOTA		OR	YOTAL ADDIT, FEE	
		(Column 1) (Column 2) (Column 3)						ADDIT. FEI	·	,	WUII. FEEL	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 4/	Minus	- 4º	3			X\$ 9=		OR	X 218−	
	Independent	• 3	Minus	 3				X43=		OR	X60=	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								18° +145=		OR	36₹ + 290=	·
pd. for extra								TOTAL		OR ,	TOTAL	_
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		o .		X\$ 9=		OR	X\$18=	
뽛	Independent	•	Minus	***		E		X43⇒		OR	X86=	
	FIRST PRESE		+145=	 	- 1							
• 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290= TOTAL	
TOTAL TOTAL OR "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE OR TOTAL ADDIT. FEE												
		ber Previously Paid					r four	nd in the eq	propriate box	in colu	imn 1.	

Application or Docket Number